

Iowa Medicaid Infographic - SFY2021 Member Enrollment

Medicaid eligibility is not the same as **Medicare**.



1 in 4 lowans

As of June 2021, 25% of Iowa's population was enrolled in a covered Medicaid program. Iowa Medicaid provides medically necessary health care coverage for financially needy adults, children, parents with children, people with disabilities, older lowans, and pregnant women to help them live healthy, stable, and self-sufficient lives.

Member Enrollment

798K as of June 2021

837K Distinct Count - All of SFY21

**Enrollment totals listed exclude 9,143 members enrolled in dental only benefits.*

31% of all distinct count members reside in 3 counties (Polk, Linn, and Scott).

Nearly 1 in 2

Children in Iowa are served by Medicaid.



Iowa Medicaid Infographic - SFY2021 Program Overview



Traditional Medicaid

497K
Members

- \$4.36 Billion or \$9,199 Per Member (Federal & State Cost)
 - Avg. FMAP: 67.81%
 - State Estimate: \$1.41B
- Includes Children, Adults, Older Iowans, and/or Disabled Persons
- Unless otherwise noted may include other member focused programs (Medicare Dual Eligibility, MEPD, HIPP, Family Planning, PACE, American Indian)
- Facility & Home-Community Based Services available to eligible members

Medicaid is a joint Federal and State program where States are responsible for their own plan administration. Traditional Medicaid, Medicaid Expansion, and CHIP are the core Medicaid programs. Each State has some flexibility with how they operate their own variety of programs, criteria for enrollment eligibility, or even the services and benefits offered.



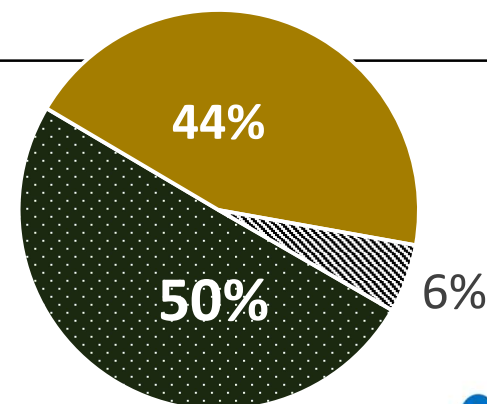
Iowa Health & Wellness Plan (IHAWP)

227K
Members

- \$1.42 Billion or \$6,121 Per Member (Federal & State Cost)
 - Avg. FMAP: 86.37%
 - State Estimate: \$193.8M
- Medicaid Expansion Program for Adults (ages 19-64)
- Iowa is 1 of 38 states that have adopted Medicaid Expansion

All Programs (by Age)

- 0-21
- 22-64
- 65+



Children's Health Insurance Program (CHIP)



74K
Members

- \$165 Million or \$2,208 Per Member (Federal & State Cost)
 - Avg. eFMAP: 80.35%
 - State Estimate: \$32.4M
- Healthy and Well Kids in Iowa (Hawki) for ages 1-18; M-CHIP (Expansion) for ages 0-1 & 6-18

**Estimates include both medical/dental capitation plus paid FFS claims. FMAP is the Federal match while eFMAP is the enhanced Federal match for CHIP.*

Iowa Medicaid Infographic - SFY2021 Managed Care Benefits & Services

Medicaid is not just for **Emergency Care**.

Iowa's Medicaid programs are very comparable to health insurance benefits offered by employers and in some cases can provide benefits not offered in the marketplace or even by Medicare. Benefits are subject to program eligibility, medical necessity, and may require a prior authorization



95% 

Managed Care Program

In 2016, Iowa shifted most of its Medicaid population to the IA Health Link managed care program. Today, almost 95% of the Medicaid population is covered by a Managed Care Organization (MCO). Populations not covered by MCOs are provided coverage through the state's Fee-For-Service (FFS) program.



Medical Coverage

As of July 2019, members have the option of Amerigroup or Iowa Total Care to administer their medical and prescription plan coverage.

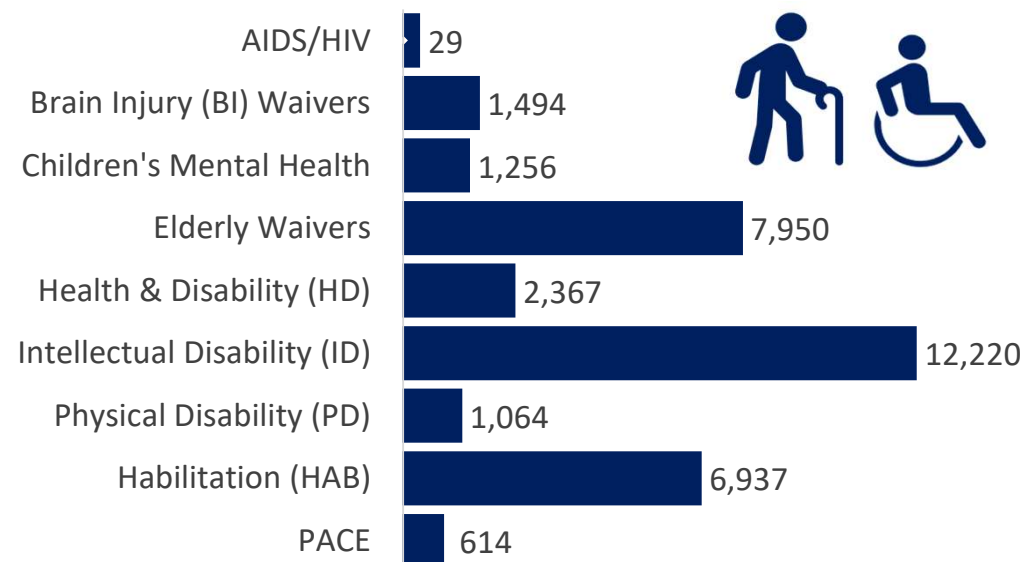


Dental Coverage

Delta Dental is the primary administrator for Hawki kids. Those eligible under Traditional Medicaid and IHAWP can use either Delta Dental or MCNA Dental.

Expanded HCBS Coverages

- Iowa currently has seven Home-and Community-Based Services (HCBS) Waivers that provide individualized support to maintain eligible members in their own homes or communities.
- A Habilitation program is available for eligible members with functional impairments typically associated with chronic mental illnesses.
- The Program of All Inclusive Care for the Elderly (PACE) combines medical, long-term care, and prescriptions to help frail and disabled individuals ages 55 and older in certain counties.



**Active MCO & FFS plans as of June 2021.*

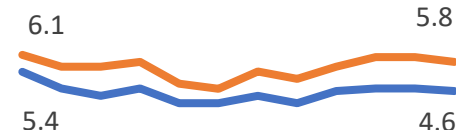
Iowa Medicaid Infographic - SFY2021 Quality and Outcome

Managed Care Overall claims between SFY20 & SFY21 increased by 2.14 million or 8.35%; prior authorizations decreased between by 36,710 or 4.89%; and the overall number of grievances decreased by 331 or 11.55%.

On September 12, 2021, the National Committee for Quality Assurance (NCQA) published their 2021 Health Plan Ratings. Amerigroup received an overall star rating of 4.0 out of 5.0 stars. ITC will not be rated until the next SFY.

Hospitalization Rates

Inpatient Admissions per 1,000 Members



All Cause Readmissions within 30-days



Adult Non-Emergent Use Per 1,000 ED Visits



FFS

Enrollment - All Members	438K	315K	44K
Claims Counts - All Paid & Denied (Rx & Non-Rx)	15.5M	12.3M	2.2M
Prior Authorization Summary (Rx & Non-Rx)	331K	383K	10K
Grievances & Appeals - Standard	3,896	1,353	n/a
% of Members using HCBS Waivers HCBS Waivers vs. Facility Based Services	68.8%	65.3%	80.9%
Waiver Members (Q4 Survey Results) Reporting their services make life better	98.8%	97.8%	100.0%